

CLAIMS ONLY

Application Number

101618615

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2	1					
3						
4						
5		1				
6		1				
7		1				
8		1				
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50						
Total Indep	8					
Total Depend						
Total Claims	11					

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						